

**Informed Clinical Opinion
Eligibility Verification
Birth to 3 Connections Program**

South Dakota administrative rules for the early intervention program state:

ARSD 24:14:07:04 Eligibility verification. *The verification of eligibility for early intervention services is obtained through a multidisciplinary evaluation which utilizes the infant's or toddler's history which has been obtained from parental input, pertinent records related to the child's current health status and medical history, and a standardized infants development process in conjunction with at least two of the following:*

- (1) Observations;*
- (2) A developmental inventory;*
- (3) A behavioral checklist; or*
- (4) An adaptive behavior measure.*

This information must be documented by qualified personnel.

Informed clinical opinion shall be determined by qualified personnel and shall also be used in determining a child's eligibility under this section, especially if there are no standardized measures or the standardized procedures are not appropriate for a given age or developmental area. The informed clinical opinion must be documented by the source providing the information and shall be used as one factor in determining eligibility.

When the use of standardized instruments does not present the degree of delay required; is not applicable due to an infant's age; or when a child requires significant adaptation to perform on a standardized instrument, i.e. lack of culturally or linguistically appropriate instruments, or adaptations used to elicit responses from children with sensory or physical impairments, a child may be determined to have a developmental delay by the informed clinical opinion of a multidisciplinary team which includes the parents.

Informed clinical opinion makes use of qualitative and quantitative information to assist in forming a determination of eligibility regarding difficult-to-measure aspects of current developmental status and the potential need for early intervention. Appropriate training, previous experience with evaluation, sensitivity to cultural needs, and the ability to elicit and include family perceptions are all important elements of informed clinical opinion. In using informed clinical opinion, the individual evaluator and the multi-disciplinary team seek to answer the question "What are the child's abilities and needs within his/her natural environment?"

If the multidisciplinary team determines that a child is eligible for early intervention services even though the child does not meet the eligibility requirements of performing 25 % below normal age range; exhibiting a six month delay; demonstrating at least a 1.5 standard deviation below the mean; or having a diagnoses physical or mental condition that has a high probability of resulting in developmental delay, the IFSP team must include documentation in the early intervention record as follows:

- (1) the record must contain documents that explain why the evaluation standards and procedures that are used with the majority of children resulted in invalid findings for this child;
- (2) the record must indicate what objective data were used to conclude that the child has a developmental delay and is in need of early intervention services. These data may include test scores, parent input, childcare provider comments, observations of the child in his/her daily routine, use of behavior checklists or criteria-referenced measures; and other developmental data including current health status and medical history (consideration may be given for functional status, recent rate of change and/or prognosis for change in the near future based on anticipated medical/health factors);
- (3) Since the eligibility decision is based on a synthesis of multiple data and not all data are equally valid, the team must indicate which data had the greatest relative importance for the eligibility decision; and
- (4) The decision to make a child eligible by use of informed clinical opinion must include a sign-off by the multidisciplinary team members agreeing or disagreeing to the decision. If one or more of the team members disagree with the informed clinical opinion, they must include a statement of why they disagree and sign.

Information from all these sources are synthesized to become “informed clinical opinion” of an individual child. The opinion should reflect a meaningful assessment of the individual child’s development and family concerns, priorities and resources, and suggest areas that may require further evaluation.

Suggested Informed Clinical Opinion Form

Child's name _____ Birthdate ____________

Parent/Guardian_____

Address _____ Zip _____ Phone _____

Date of Meeting ____________

The multidisciplinary team **must** document the following:

- 1) Explain why the evaluation standards and procedures, that are used with the majority of children resulted in invalid findings for this child.
- 2) Indicate what objective data was used to conclude that the child has a developmental delay and is in need of early intervention services. Data may include test scores; parent input; childcare provider comments; observations of the child in his/her daily routine; use of behavior checklists or criteria-referenced measures; and other developmental data including current health status and medical history.
- 3) Indicate which data had the greatest relative importance for the eligibility decision.
- 4) Multidisciplinary team must sign-off agreeing to the use of informed clinical opinion. If one or more team members disagree with the decision, include a statement of why they disagree, signed by those members.

Multidisciplinary team member signatures:

[illegible]

